



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 6899

|   |   |                            |   |  |                         |
|---|---|----------------------------|---|--|-------------------------|
| <b>SERIAL NUMBER</b><br>10/542,578  | <b>FILING OR 371(c) DATE</b><br>05/15/2006<br><b>RULE</b>   | <b>CLASS</b><br>424        | <b>GROUP ART UNIT</b><br>1655   | <b>ATTORNEY DOCKET NO.</b><br>JANAILHAC1 |                         |
| <b>APPLICANTS</b><br>Marie-Claire Janailhac, Paris, FRANCE;<br>Catherine Renard, Paris, FRANCE;   |   |                            |   |  |                         |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/FR04/00167 01/23/2004   |   |                            |   |  |                         |
| <b>** FOREIGN APPLICATIONS *****</b><br>FRANCE 03/00818 01/24/2003  |   |                            |   |  |                         |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 07/12/2006</b>  |   |                            |   |  |                         |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met<br>Verified and Acknowledged |   | STATE OR COUNTRY<br>FRANCE | SHEETS DRAWING<br>1   | TOTAL CLAIMS<br>15                       | INDEPENDENT CLAIMS<br>7 |
| <b>ADDRESS</b><br>1444  |   |                            |   |  |                         |
| <b>TITLE</b><br>Composition comprising an extract of aphanizomenon flos-aquae, use thereof and preparation of same  |   |                            |   |  |                         |
| <b>FILING FEE RECEIVED</b><br>1030  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                            | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                         |